

**DAFTAR ISI**

<b>SKRIPSI</b> .....	ii
<b>LEMBAR PENGESAHAN</b> .....	iii
<b>LEMBAR PERSETUJUAN PENGUJI</b> .....	iv
<b>SURAT PERNYATAAN ORISINALITAS</b> .....	v
<b>ABSTRAK</b> .....	viii
<b>DAFTAR ISI</b> .....	x
<b>DAFTAR TABEL</b> .....	xiii
<b>DAFTAR GAMBAR</b> .....	xiv
<b>DAFTAR SINGKATAN</b> .....	xv
<b>BAB 1</b> .....	1
<b>1.1 Latar Belakang</b> .....	1
<b>1.2 Rumusan Masalah</b> .....	3
<b>1.3 Tujuan Penelitian</b> .....	3
<b>1.3.1. Tujuan Umum</b> .....	3
<b>1.3.2. Tujuan Khusus</b> .....	3
<b>1.4. Manfaat Penelitian</b> .....	3
<b>1.4.1. Manfaat Teoritis</b> .....	3
<b>1.4.2. Manfaat Praktis</b> .....	4
<b>BAB 2</b> .....	5
<b>2.1. Sepsis</b> .....	5
<b>2.1.1 Definisi</b> .....	5
<b>2.1.2. Etiologi</b> .....	8
<b>2.1.3. Patofisiologi</b> .....	9
<b>2.2. C-Reactive Protein</b> .....	12
<b>2.3. Procalcitonin</b> .....	13

<b>BAB 3</b> .....	15
<b>3.1. Kerangka Konsep</b> .....	15
<b>3.2. Keterangan Kerangka Konsep</b> .....	16
<b>BAB 4</b> .....	18
<b>4.1. Jenis dan Rancangan Penelitian</b> .....	18
<b>4.2. Populasi, Besar Sampel dan Teknik Pengambilan Sampel</b> .....	19
<b>4.2.1. Populasi</b> .....	19
<b>4.2.2. Besar sampel</b> .....	19
<b>4.3. Teknik pengambilan sampel</b> .....	20
<b>4.4. Variabel Penelitian</b> .....	20
<b>4.4.1. Definisi operasional variabel</b> .....	20
<b>4.5. Instrumen Penelitian</b> .....	20
<b>4.6. Lokasi dan Waktu Penelitian</b> .....	21
<b>4.6.1 Lokasi penelitian</b> .....	21
<b>4.6.2 Waktu penelitian</b> .....	21
<b>4.7. Prosedur penelitian dan pengambilan data</b> .....	21
<b>4.7.1 Prosedur penelitian</b> .....	21
<b>4.7.2 Prosedur pengambilan data</b> .....	22
<b>4.8. Cara Mengolah dan Menganalisis Data</b> .....	23
<b>4.8.1 Cara Mengolah Data</b> .....	23
<b>4.8.2 Cara Menganalisis Data</b> .....	24
<b>4.9. Meta-analisis</b> .....	25
<b>BAB 5</b> .....	26
<b>5.1. Karakteristik Studi</b> .....	26
<b>5.1.1. Identifikasi Studi</b> .....	26
<b>5.1.2. Karakteristik studi inklusi</b> .....	26
<b>5.2. Karakteristik Subjek Penelitian</b> .....	27

<b>5.3. Pengukuran Procalcitonin dan C-Reactive protein</b> .....	28
<b>5.4. Nilai diagnostik PCT dan CRP</b> .....	29
<b>5.4 Hasil penilaian kualitas</b> .....	30
<b>5.5 Meta analisis</b> .....	32
<b>5.5.1 Pooled sensitivity, spesificity</b> .....	32
<b>5.5.2. Forest plot</b> .....	33
<b>5.5.3. Area Under Curve (AUC)</b> .....	35
<b>5.5.4. Uji bias publikasi dengan <i>funnel plot</i> dengan <i>regression line</i></b> .....	37
<b>5.4.4. Uji heterogenitas</b> .....	37
<b>BAB 6</b> .....	39
<b>6.1. Nilai Diagnostik PCT dan CRP</b> .....	39
<b>6.2. Peran <i>procalcitonin</i> dan <i>C-Reactive protein</i> dalam diagnosis sepsis</b> .....	40
<b>6.3 Keterbatasan studi</b> .....	41
<b>BAB 7</b> .....	42
<b>7.1 Kesimpulan</b> .....	42
<b>7.2 Saran</b> .....	42
<b>DAFTAR PUSTAKA</b> .....	43

**DAFTAR TABEL**

	Halaman
Tabel 2.1 Skor SOFA.....	
Tabel 4.1 Kerangka penulisan <i>systematic review</i> oleh Arksey dan O'Malley (2005).....	
Tabel 4.2 Kerangka penulisan PICO.....	
Tabel 5.1 Karakteristik studi inklusi.....	
Tabel 5.2 Karakteristik subjek penelitian.....	
Tabel 5.3 Hasil penilaian kualitas menggunakan QUADAS 2.....	
Tabel 5.4 Hasil <i>pooled sensitivity, specificity</i> PCT dan CRP.....	
Tabel 5.5 <i>Area Under Curve</i> (AUC).....	

**DAFTAR GAMBAR**

	Halaman
Gambar 2.1 Hubungan sepsis, SIRS, dan infeksi (Bone et al, 1992).....	
Gambar 2.2 Gambar Rantai Koagulasi dengan dimulainya respons inflamasi, trombosis, dan fibrinolisis terhadap infeksi (Bernard et al, 2001).....	
Gambar 5.1 Grafik penilaian kualitas menggunakan QUADAS-2.....	
Gambar 5.2 Forest Plot PCT.....	
Gambar 5.3 Forest plot CRP.....	
Gambar 5.4 Grafik SROC PCT dan CRP.....	
Gambar 5.5 Bias publikas PCT dan CRP.....	
Gambar 5.6 Univaribel meta-regresi PCT dan CRP.....	

**DAFTAR SINGKATAN**

ACCP	: <i>American College of Chest Physician</i>
ACP	: <i>Activated C Protein</i>
AUC	: <i>Area Under Curve</i>
CD14	: <i>Cluster of Differentiation 14</i>
CGRP	: <i>Calcitonin gene-related peptide</i>
CRP	: <i>C-reactive protein</i>
CT	: <i>Calcitonin</i>
DIC	: <i>Disseminated Intra Coagulation</i>
ESICM	: <i>European Society of Critical Care Medicine</i>
EPIC II	: <i>European Prevalence of Infection in Intensive Care II</i>
ICU	: <i>Intensive Care Unit</i>
IL	: <i>Interleukin</i>
LPS	: <i>lipopolisakarida</i>
MAP	: <i>Mean Arterial Pressure</i>
MODS	: <i>Multiple Organ Dysfunction Syndrome</i>
mRNA	: <i>Messenger Ribonucleic Acid</i>
NO	: <i>Nitric oxide</i>
OR	: <i>Odds Ratio</i>
PAMP	: <i>Pathogen Associated Molecular Patterns</i>
PCT	: <i>Procalcitonin</i>
PETINIA	: <i>particle-enhanced turbidimetric inhibition immunoassay</i>
PIRO	: <i>Predisposition, Infection, Response to the infectious challenge, and Organ dysfunction</i>

PRR	: <i>Pattern recognition receptor</i>
qSOFA	: <i>quick Sequential Organ Failure Assessment</i>
ROC	: <i>Receiver Operating Characteristic</i>
ROS	: <i>Reactive oxygen species</i>
SCCM	: <i>Society of Critical Care Medicine</i>
SIRS	: <i>Systemic inflammatory response syndrome</i>
SOFA	: <i>Sequential Organ Failure Assessment</i>
SROC	: <i>summary receiver operating characteristic curve</i>
TLR	: <i>Toll-like Receptor</i>
TNF	: <i>Tumor Necrosis Factor</i>
WBC	: <i>White blood cel</i>